

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		02/01/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LL</i>	<i>20</i>	<i>2/28/00</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*753532 5/28/00*

Claim	Date
Final	
Original	
1	✓ 10/7/03
2	✓ 3/22/04
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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